

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-6		
O.I.P.E. CLASSIFIER	Lm	32	3/19
FORMALITY REVIEW	H.L.	1079	2/12/01
RESPONSE FORMALITY REVIEW	RS	373	07-10-01

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4-25-02
2	✓	✓	5-17-02
3	✓	✓	5-17-02
4	✓	✓	5-17-02
5	✓	✓	5-17-02
6	✓	✓	5-17-02
7	✓	✓	5-17-02
8	✓	✓	5-17-02
9	✓	✓	5-17-02
10	✓	✓	5-17-02
11	✓	✓	5-17-02
12	✓	✓	5-17-02
13	✓	✓	5-17-02
14	✓	✓	5-17-02
15	✓	✓	5-17-02
16	✓	✓	5-17-02
17	✓	✓	5-17-02
18	✓	✓	5-17-02
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23	✓	✓	5-17-02
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25	✓	✓	5-17-02
26	✓	✓	5-17-02
27	✓	✓	5-17-02
28	✓	✓	5-17-02
29	✓	✓	5-17-02
30	✓	✓	5-17-02
31	✓	✓	5-17-02
32	✓	✓	5-17-02
33	✓	✓	5-17-02
34	✓	✓	5-17-02
35	✓	✓	5-17-02
36	✓	✓	5-17-02
37	✓	✓	5-17-02
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42	✓	✓	5-17-02
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47	✓	✓	5-17-02
48	✓	✓	5-17-02
49	✓	✓	5-17-02
50	✓	✓	5-17-02

Claim	Final	Original	Date
51	✓	✓	5-17-02
52	✓	✓	5-17-02
53	✓	✓	5-17-02
54	✓	✓	5-17-02
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97	✓	✓	5-17-02
98	✓	✓	5-17-02
99	✓	✓	5-17-02
100	✓	✓	5-17-02

Claim	Final	Original	Date
101	✓	✓	5-17-02
102	✓	✓	5-17-02
103	✓	✓	5-17-02
104	✓	✓	5-17-02
105	✓	✓	5-17-02
106	✓	✓	5-17-02
107	✓	✓	5-17-02
108	✓	✓	5-17-02
109	✓	✓	5-17-02
110	✓	✓	5-17-02
111	✓	✓	5-17-02
112	✓	✓	5-17-02
113	✓	✓	5-17-02
114	✓	✓	5-17-02
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147	✓	✓	5-17-02
148	✓	✓	5-17-02
149	✓	✓	5-17-02
150	✓	✓	5-17-02

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

3/19/01
 5/17/02
 5/17/02